DECLARATION OF AVAILABILITY/ACCEPTANCE OF CONDITIONS

(to be completed by each team member)

Issued to	
Playoff Qualifying Points OPEN	WOMEN'S SENIOR
Address	Telephone
	Fax
	e-mail
I state that I intend to play in the Playoff and accept the conditions under which it is conducted. I understand that the ABF will provide a subsidy towards the expenses of players in teams ranked in pairs 1-12 in the nominations but that I will be responsible for the remainder of my expenses. I state that	
 my ABF Number is	
Dated this day of	
Signed	
(Block Capitals)	